



Immediate Postpartum Family Planning: A key component of childbirth care

September 25th, 2019

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Laura Raney, FP 2020, Moderator

Laura Raney is the Senior Advisor, High Impact Practices in Family Planning (HIPs) at Family Planning 2020 (FP2020). In this position she provides direct support to FP2020 commitment-making countries in the use of evidence-based family planning practices to advance access for girls and women. Laura collaborates closely with USAID staff and WHO-based staff at the Implementing Best Practices initiative (IBP). She has over 20 years of experience in international reproductive health and family planning and has worked with Jhpiego, FHI 360, the Institute of Reproductive Health, the Population Council, Abt Associates, the World Bank, and USAID. Laura received her MSocSc in demography and economics from Waikato University in New Zealand and MA in economics from the University of Maryland, College Park.



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Today's Agenda

- Welcome and Introduction
- Presentations
- Questions
- Closing

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Before we Begin



Webinar will be
recorded



Submit your questions
anytime! We'll do Q&A
after the presentations



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What are High Impact Practices (HIPs)?

HIP FAMILY PLANNING HIGH IMPACT PRACTICES Family Planning High Impact Practices List

High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by experts against specific criteria and documented in an easy-to-use format.

This page lists 17 HIPs organized into three categories: Service Delivery, Social and Behavior Change, and Digital. Each HIP includes a brief description of the practice, its target audience, and its goal.

Category	Practice	Description
Service Delivery	1. Client-centered counseling	... (text partially obscured)
	2. Community-based distribution	... (text partially obscured)
	3. Digital technologies	... (text partially obscured)
Social and Behavior Change	4. ... (text partially obscured)	... (text partially obscured)
	5. ... (text partially obscured)	... (text partially obscured)
	6. ... (text partially obscured)	... (text partially obscured)
	7. ... (text partially obscured)	... (text partially obscured)

The document also includes a legend for the evidence base strength of each practice, ranging from 'Promising' to 'Proven'.

- Evidence-based family planning practices vetted by experts and documented in an easy-to-use format.
- HIP briefs can be used for advocacy, strategic planning, program design, looking at research gaps, to inform policies and guidelines, and to support implementation.

HIP CATEGORIES

HIPs briefs are grouped into three primary categories:

Enabling Environment	Service Delivery	Social and Behavior Change
Enabling Environment HIPs address systemic barriers that affect an individual's ability to access family planning information and services.	Service Delivery HIPs improve the availability, accessibility, acceptability, and quality of family planning services.	Social and Behavior Change HIPs influence knowledge, beliefs, behaviors, and social norms associated with family planning.

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Immediate Postpartum Family Planning:

Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility.

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Immediate Postpartum Family Planning:
A key component of childbirth care

Immediate Postpartum Family Planning

Service Delivery HIP

What is the proven high-impact practice in family planning service delivery?

Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility.

Background

Offering modern contraception services as part of care provided during childbirth increases postpartum contraceptive use and is likely to reduce both unintended pregnancies and pregnancies that are too closely spaced.^{1,2} Unintended and closely spaced births are a public health concern as they are associated with increased maternal, newborn, and child morbidity and mortality.^{3,4} After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months, based on a consultation convened by the World Health Organization (WHO), in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.⁵ Despite this evidence, 61% of women are not using effective contraception within 24 months postpartum to avoid an unintended pregnancy.⁶



Mother and her newborn children in the post-natal ward at the district hospital in Arush, Tanzania. © ICF Macro/USAID/Population Council

There are many reasons why women do not use effective contraception during the postpartum period, such as sociocultural and gender norms that guide postnatal practices,^{7,8} timing of return to sexual activity,⁹ breastfeeding practices and misconceptions of conditions for lactational amenorrhea,^{10,11} and lack of access to contraceptive services (see Figure 1). This High Impact Practices in Family Planning (HIP) brief summarizes the evidence and provides implementation tips for proactively offering family planning as part of care during and immediately after childbirth, often referred to as the immediate postpartum period. (Offering services during the postpartum period is a common approach to addressing gaps in access to services; see, for example, the Family Planning and Immunization Integration HIP brief.)

Proven Practice

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Immediate Postpartum Family Planning (IPFP): Background

- Unintended and closely spaced births are associated with increased maternal, newborn, and child morbidity.
- Over 60% of women are not using effective contraception within 24 months postpartum to avoid an unintended pregnancy.

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Immediate Postpartum Family Planning (IPFP):

Why is this practice important?

- Raises awareness of postpartum contraceptive options
- An increasing number of women and their partners can be reached through facility-based childbirth
- Women have more contraceptive options during the immediate postpartum period

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Immediate Postpartum Family Planning (IPPPF):

What is the impact?

IPPPF has led to significant increases in percentage of women giving birth at a facility leaving with a modern contraceptive method.



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Percentage of Women Giving Birth Leaving the Facility With a Modern Contraceptive Method, Before and After Introduction of Contraceptive Counseling and Services During Childbirth Care

Country	Before	After
Afghanistan ^{28,29}	4% (180/4179)	51% (1700/3362)
Honduras ^{30*}	10% (47/474)	33% (188/571)
Honduras ^{31†}	9% (23/251)	46% (142/308)
Indonesia ³²	9% (307/3373)	41% (1286/3101)
Niger ^{33,34}	0% (7/2193)	31% (686/2213)



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IPFP Indicators

- Number/percent of women who delivered in a facility and received counseling on family planning prior to discharge
- Number/percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge
- See MEASURE Evaluation FP/RH Indicators Database

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Today's Panelists



Mario Festin
WHO



Saswati Das
Jhpiego India



Michael Mwiti
Jhpiego Kenya



Riaz Mobaracaly
Pathfinder International
Mozambique

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Mario Festin, World Health Organization

Dr. Mario P.R. Festin is a Medical Officer at the Human Reproduction team at the Department of Reproductive Health and Research at WHO Headquarters. He is an obstetrician gynaecologist, with graduate degrees in health professions education and clinical epidemiology. His main area of work is on research and guidelines on family planning /contraception.



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IMMEDIATE POST PARTUM FAMILY PLANNING GUIDELINES AND GUIDANCE

Mario R. Festin MD

World Health Organization, Geneva



Key facts about Family Planning /Contraception

- As of 2017, **1.6 billion women** of reproductive age (15–49) live in developing regions.
 - 885 million women want to avoid a pregnancy;
 - Of this, **about three-quarters (671 million)** are using modern contraceptives
- 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method.
 - **155 million who use no method of contraception**
 - **59 million who rely on traditional methods.**





World Health Organization

WHAT DO YOU NEED TO GET, BE AND STAY HEALTHY?

CAN YOU GET HELP FROM A WELL-TRAINED HEALTH WORKER?



CAN YOU GET TREATMENT THAT HELPS YOU GET BETTER, AND IS SAFE?



CAN YOU GET THE MEDICINES AND OTHER HEALTH PRODUCTS YOU NEED?



WHO WILL PAY FOR IT?



ARE THERE POLICIES IN PLACE TO MAKE QUALITY SERVICES AVAILABLE TO EVERYONE, EVERY TIME?



DOES YOUR GOVERNMENT HAVE THE INFORMATION IT NEEDS TO MAKE THE RIGHT DECISIONS ABOUT THE WHOLE SYSTEM?



THE WORLD HEALTH ORGANIZATION IS WORKING AROUND THE WORLD SO THAT ALL PEOPLE AND COMMUNITIES RECEIVE THE QUALITY SERVICES THEY NEED, AND ARE PROTECTED FROM HEALTH THREATS, WITHOUT SUFFERING FINANCIAL HARDSHIP.

THAT'S WHAT WE CALL UNIVERSAL HEALTH COVERAGE

WWW.WHO.INT/UHC

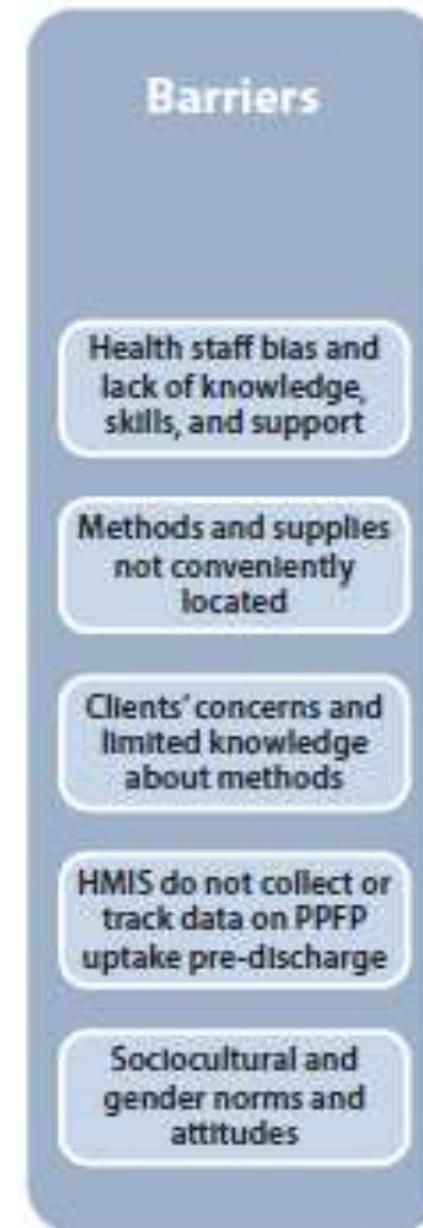


Importance of Immediate PFP

- ❑ Offering **modern contraception services as part of care provided during childbirth** increases postpartum contraceptive use and is likely to reduce both unintended pregnancies and pregnancies that are too closely spaced.
- ❑ **Unintended and closely spaced births** are a public health concern as they are associated with **increased maternal, newborn, and child morbidity and mortality**.
- ❑ After a live birth, the **recommended interval before attempting the next pregnancy is at least 24 months**, based on a consultation convened by the World Health Organization (WHO), in order to reduce the risk of adverse maternal, perinatal, and infant outcomes.
- ❑ Despite this evidence, **61% of women are not using effective contraception** within 24 months postpartum to avoid an unintended pregnancy.

Immediate Post Partum FP

- ❑ Reasons why women do not use effective postpartum contraception,
 - sociocultural and gender norms that guide postnatal practices,
 - timing of return to sexual activity,
 - breastfeeding practices and misconceptions of conditions for lactational amenorrhea, and
 - lack of access to contraceptive services
- ❑ WHO recommends that women receive information on family planning and the health and social benefits of birth spacing **during antenatal care, immediately after birth, and during postpartum and well-baby care**, including immunization and growth monitoring.¹²
- ❑ **Each visit to a health professional offers a unique opportunity** to screen for, counsel, and offer family planning services.

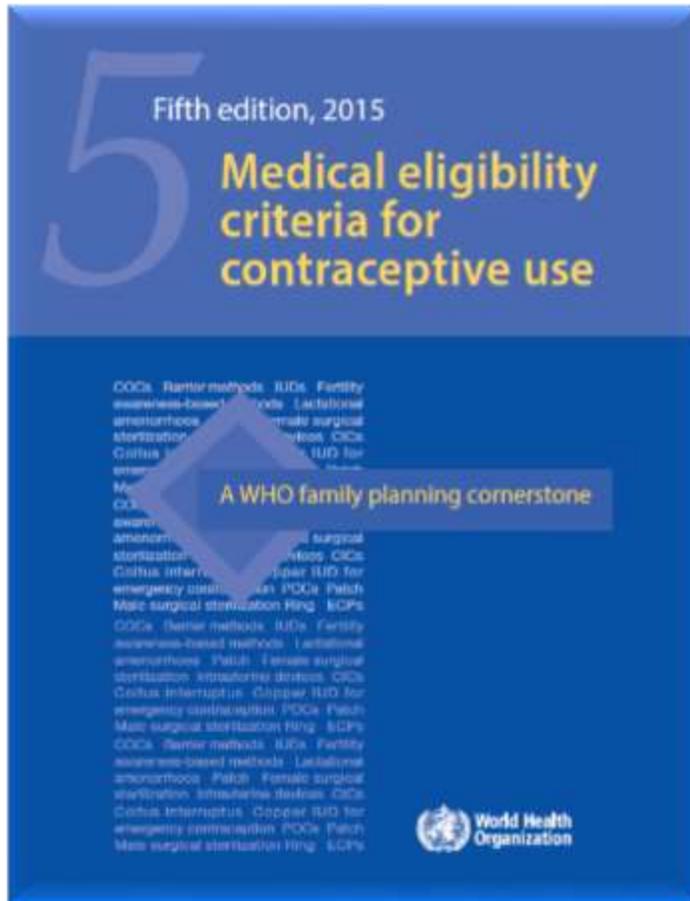


Immediate Post Partum Family Planning

- ❑ The postpartum woman is still considered **at risk for an unplanned pregnancy** and a pregnancy which may come sooner than the recommended 2 year space.
- ❑ There are many options for contraception in this period **depending on her health status and if breastfeeding**.
- ❑ These options may be provided **before she is discharged** from a facility (immediate) or when she and her newborn are seen **for follow up** (later).

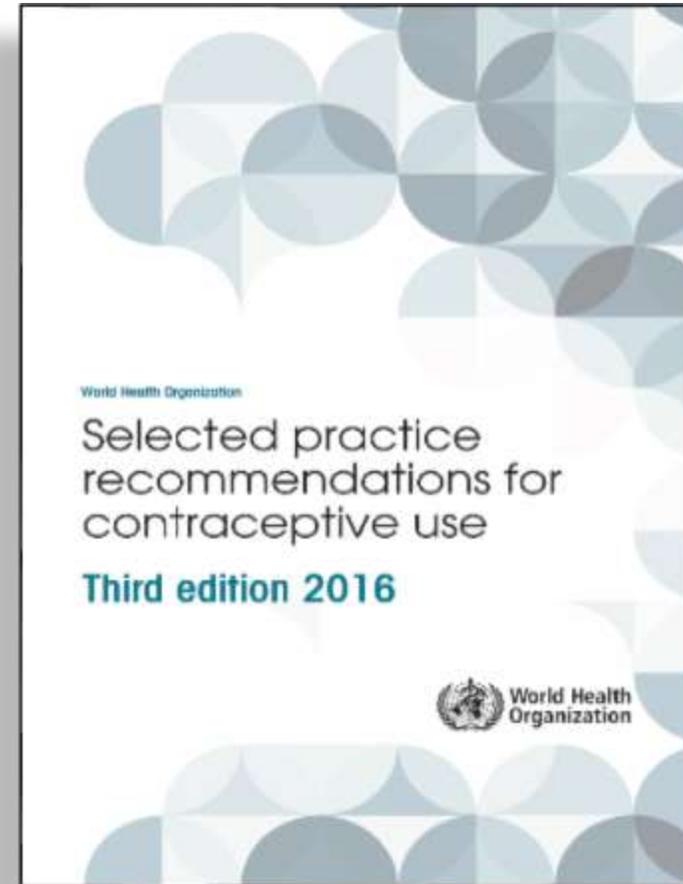


Medical eligibility criteria for contraceptive use (MEC)



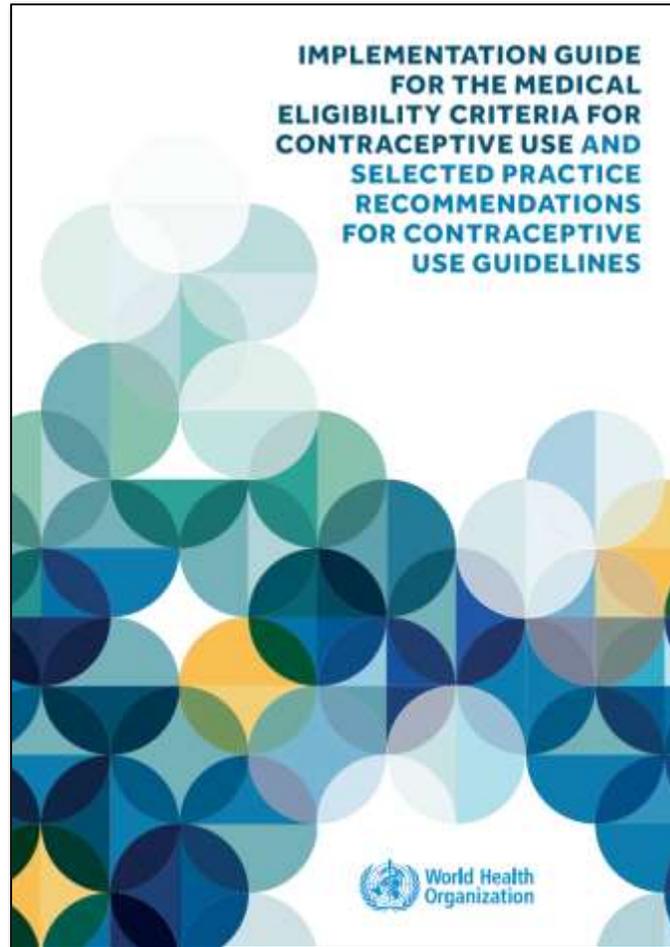
https://www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/

Selected practices recommendation for contraceptive use (SPR)



https://www.who.int/reproductivehealth/publications/family_planning/SPR-3/en/

Implementation guide for MEC and SPR



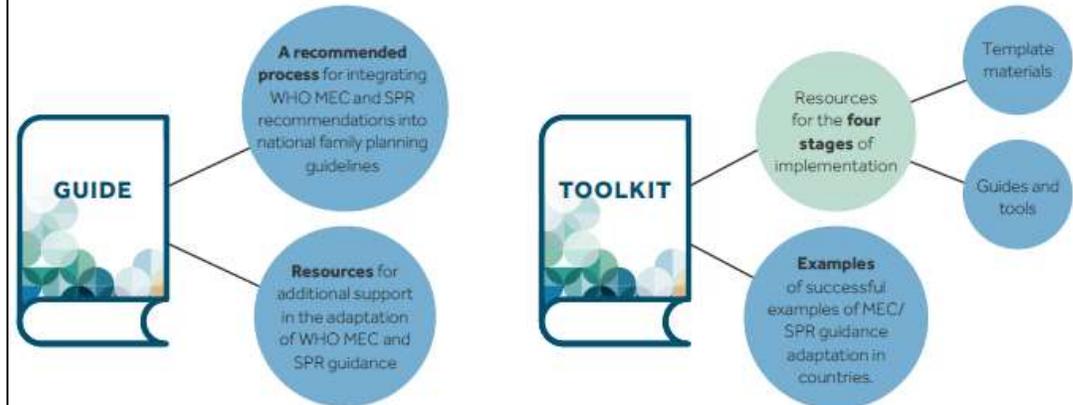
1.3 PURPOSE OF THE IMPLEMENTATION GUIDE

The MEC and SPR are part of the process for improving the quality of care in family planning. The purpose of this implementation guide for the MEC and SPR is to facilitate the integration of the MEC/SPR guidance into national family planning guidelines. It aims to accomplish this through the following mechanisms:

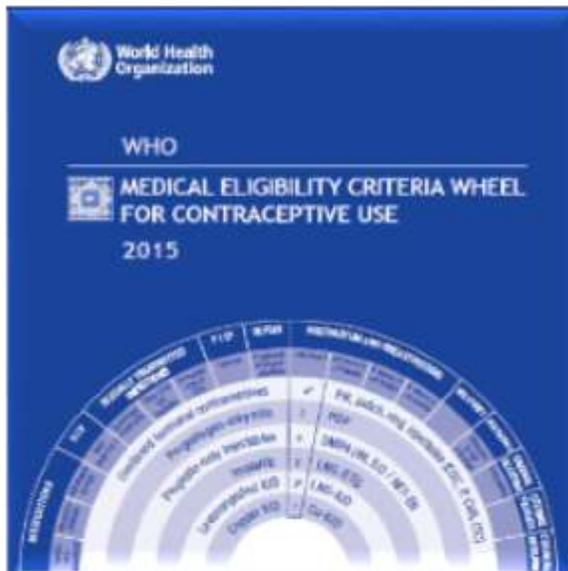
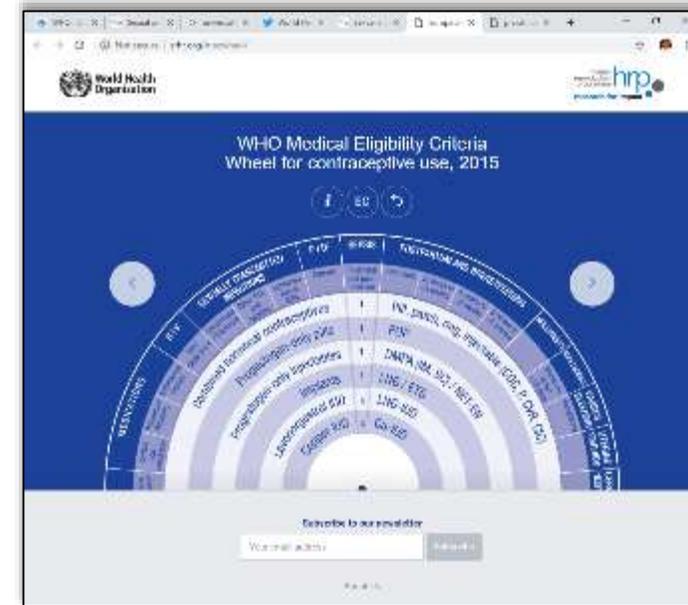
- 1** Offering guiding principles by which ministries of health and other nodal departments or implementing partners can lead the process of adapting the MEC and SPR into national service-delivery guidelines
- 2** Delineating mechanisms for the MEC and SPR guidance to be disseminated for use in front-line health-care settings
- 3** Helping countries assess and monitor their own process of full implementation of WHO guidance

1.4 ELEMENTS OF THE IMPLEMENTATION GUIDE

This implementation guide for the MEC and SPR offers practical information on how to adapt and implement WHO recommendations on contraceptive service delivery into national programmes, protocols and service packages. The accompanying **Implementation guide toolkit** contains the following resources to aid in the process of implementing the MEC and SPR guidance.



Development of tools for counselling and job aids



- MEC Wheel/App/ Online
- Contains key information from the MEC for starting/ continuing use of contraceptive methods

[WHEEL:https://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/](https://www.who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/)

[ONLINE: http://srhr.org/mecwheel/](http://srhr.org/mecwheel/) (online tool)

[APPS: https://www.who.int/reproductivehealth/mec-app/en/](https://www.who.int/reproductivehealth/mec-app/en/) (Android and Apple)

<http://srhr.org>

The screenshot shows a web browser window with the URL postpartumfp.srhr.org. The page features the WHO logo and the title "Guide women through their postpartum family planning options". Below the title, a subtitle reads: "The Postpartum Family Planning Compendium integrates core WHO guidance for clinicians, program managers, and policy-makers."

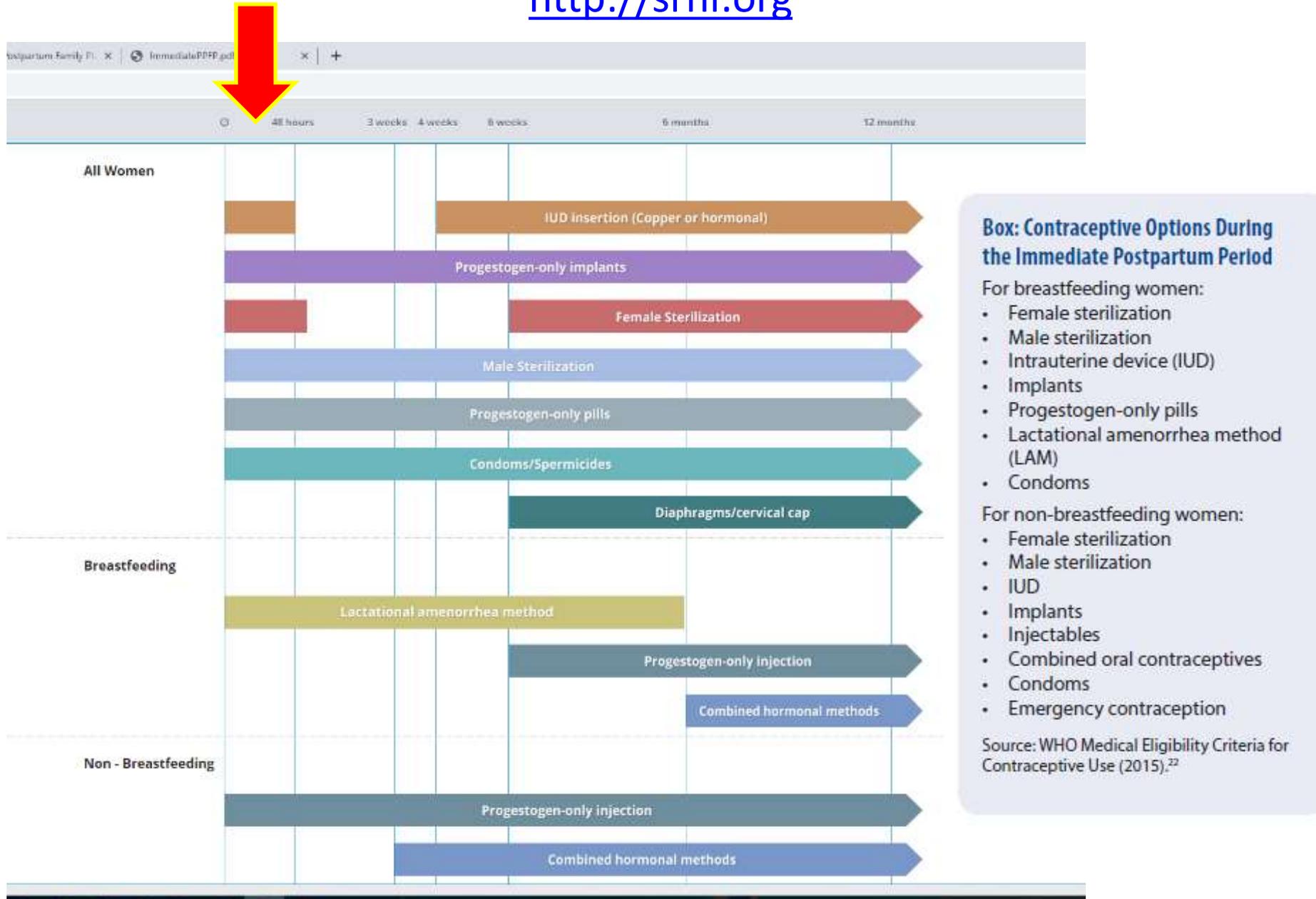
1. What are the woman's characteristics?

The interface includes several input fields and a time interval slider:

- Choose Medical Conditions:** A dropdown menu with "Selected" as the current value.
- Breastfeeding Status:** Radio buttons for "Yes" (selected) and "No".
- Current Medication Use:** A dropdown menu with "Selected" as the current value.
- Other Characteristics:** A dropdown menu with "Selected" as the current value.
- Time interval after delivery:** A horizontal slider with markers for 0 hours, 48 hours, 3 weeks, 4 weeks, 6 weeks, 6 months, and 12 months. The slider is currently positioned at 4 weeks.

2. Click on family planning method to see recommendations

At the bottom, there is a navigation bar with a dropdown menu set to "All Women". Below this, a horizontal bar chart shows the recommended family planning methods for the selected criteria. The chart includes a bar for "IUD insertion (Copper or hormonal)" which spans from the 4-week mark to the 12-month mark.



Box: Contraceptive Options During the Immediate Postpartum Period

For breastfeeding women:

- Female sterilization
- Male sterilization
- Intrauterine device (IUD)
- Implants
- Progestogen-only pills
- Lactational amenorrhea method (LAM)
- Condoms

For non-breastfeeding women:

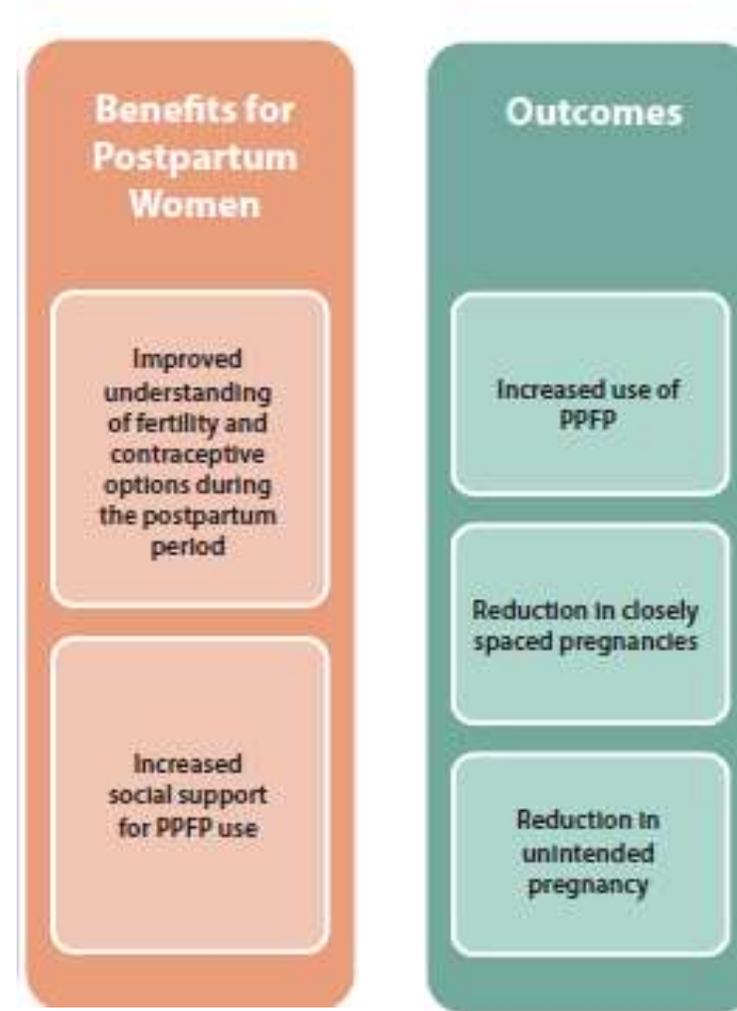
- Female sterilization
- Male sterilization
- IUD
- Implants
- Injectables
- Combined oral contraceptives
- Condoms
- Emergency contraception

Source: WHO Medical Eligibility Criteria for Contraceptive Use (2015).²²

Why is the practice important?

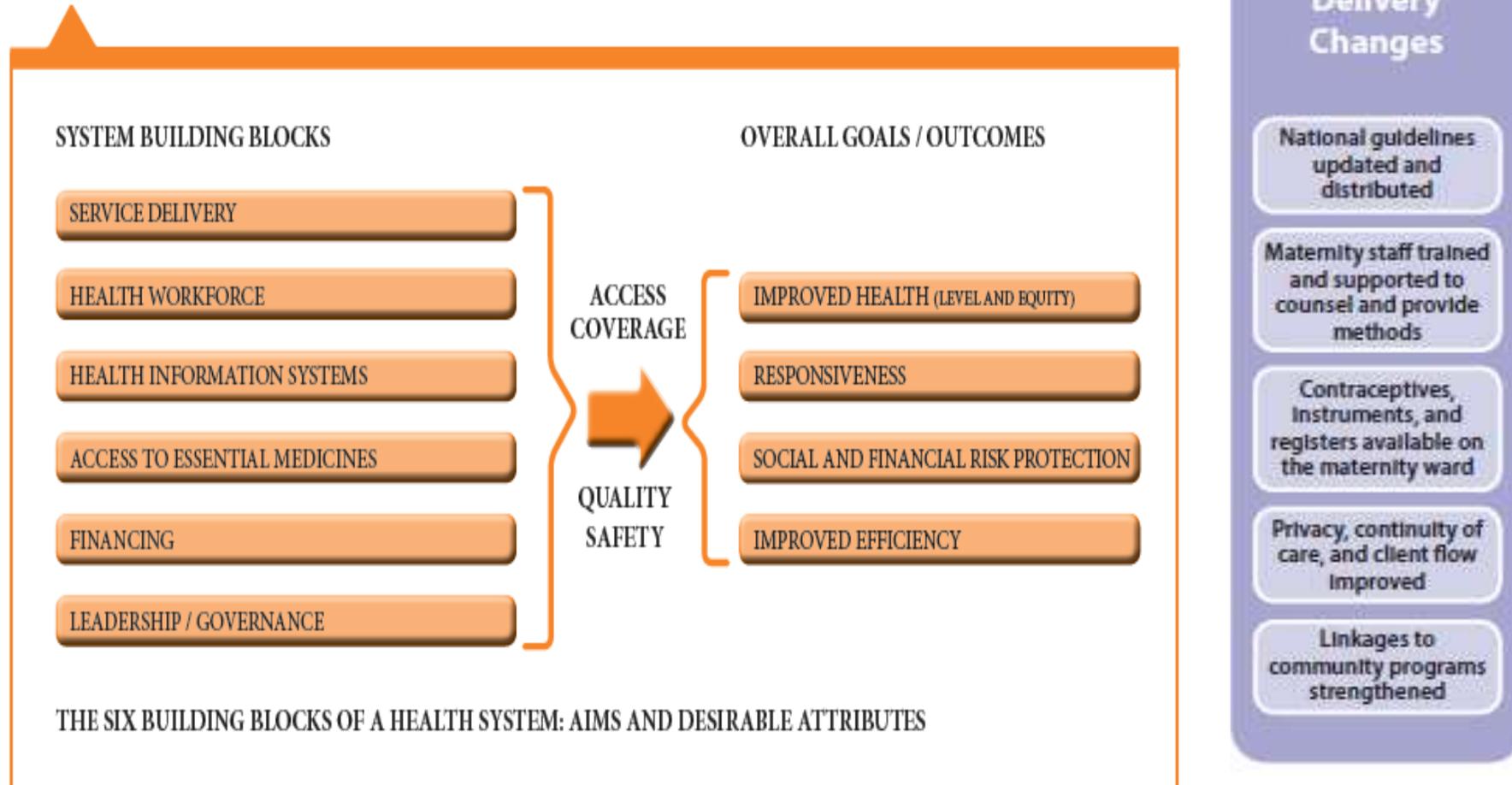
- ❑ Providing family planning counseling as part of childbirth care **raises awareness of the importance of birth spacing and postpartum contraceptive options.**
- ❑ **An increasing number of women and their partners can be reached** through facility-based childbirth services.
- ❑ Women now have more contraceptive options during the immediate postpartum period.

Offering modern contraception as part of childbirth services increases postpartum contraceptive use.



Framework of the WHO health system and its six building blocks

Figure 1. The WHO Health Systems Framework



How to do it:

Tips from implementation experience

- ❑ Invest in **good documentation and monitoring** to help ensure **voluntarism and informed choice**.
- ❑ Update **national service delivery guidelines** and clarify the **role of service providers**.
- ❑ Conduct formative assessments to **guide social and behavior change strategies**.
- ❑ Consider home visits if **targeting PFP adoption** among first-time, young parents.
- ❑ Offer the **broadest range of contraceptive methods** possible and make them available prior to maternity discharge.

How to do it:

Tips from implementation experience

- ❑ Consider **leveraging antenatal care visits** to educate clients on contraception.
- ❑ Do not forget **men**.
- ❑ Plan for **contraceptive uptake later** during the postpartum period.
- ❑ Ensure adequate **staff, equipment, and supplies**, and if possible ensure their availability 24 hours a day, 7 days a week.
- ❑ Encourage **facility leadership and adjust management practices** based on facility size.



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Immediate Postpartum Family Planning: A key component of childbirth care

Immediate Postpartum Family Planning

What is the proven high-impact practice in family planning service delivery?

Offer contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility.

Background

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Mothers and their newborn children at the postnatal ward at the district hospital in Arush, Tanzania. GIRE & Makinda Care Foundation/Tyran Lobo

There are many reasons why women do not use effective contraception during the postpartum period, such as sociocultural and gender norms that guide postnatal practices,^{8,9} timing of return to sexual activity,¹⁰ breastfeeding practices and misconceptions of conditions for lactational amenorrhea,¹¹ and lack of access to contraceptive services (see Figure 1). This High Impact Practices in Family Planning (HIP) brief summarizes the evidence and provides implementation tips for proactively offering family planning as part of care during and immediately after childbirth, often referred to as the immediate postpartum period. (Offering services during the postpartum period is a common approach to addressing gaps in access to services; see, for example, the Family Planning and Immunization Integration HIP brief.)

Service Delivery HIP

Proven Practice

Saswati Das, Jhpiego India

In her 25 years of experience in public health, Dr. Saswati Das has provided technical and managerial leadership in maternal and child health, FP, reproductive health, HIV prevention, quality of care, curriculum development, and transfer of learning through responsive participatory training and post-training supportive supervision. She has been working with Jhpiego for nine years. Prior to Jhpiego, she worked with Population Services International as Director of Medical Services and Training and IntraHealth as Country Clinical Manager, and was involved in major programs on sexual and reproductive health in India.



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Sharing experiences of scaling-up of post-partum IUCD (PPIUCD) services in India

Saswati Das

Director, Program & Clinical Services,
Jhpiego, India

Rationale for adding PFP/PPIUCD in FP basket

- **Huge unmet FP need:**
 - › 65% women in 1st year postpartum period have unmet need
 - › 26% using any contraceptive (USAID, India, 2009)
- **WHO recommends at least 3 year birth interval:** 58.8% of births < 36 months since preceding birth (NFHS 4, 2015-16)
- **Increased institutional deliveries:** Opportunity for PFP services
- **IUCD an opportunity for long-acting reversible contraceptive**
 - › Increased interest in IUCD
 - › PPIUCD insertion convenient



PPIUCD Update: 2010-2018

19 States, **320** Districts, **2000** Govt. Facilities

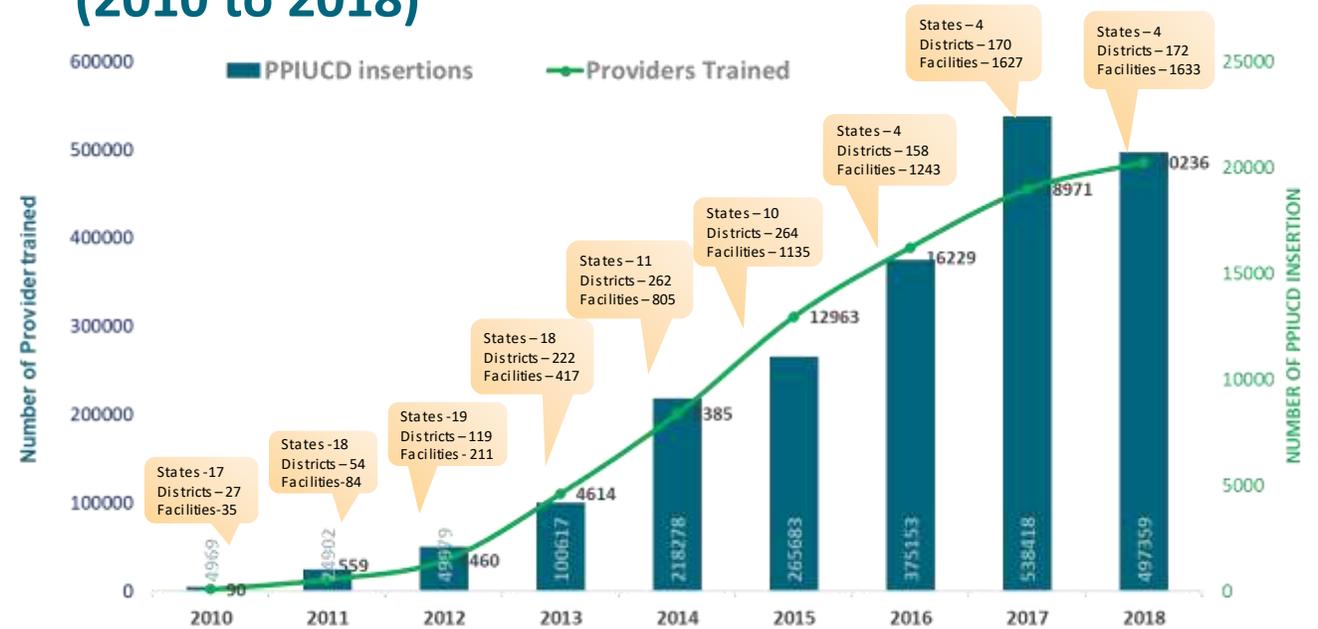
83 Govt. Training sites strengthened

5,184 Doctors & **15,146** Nurses Trained

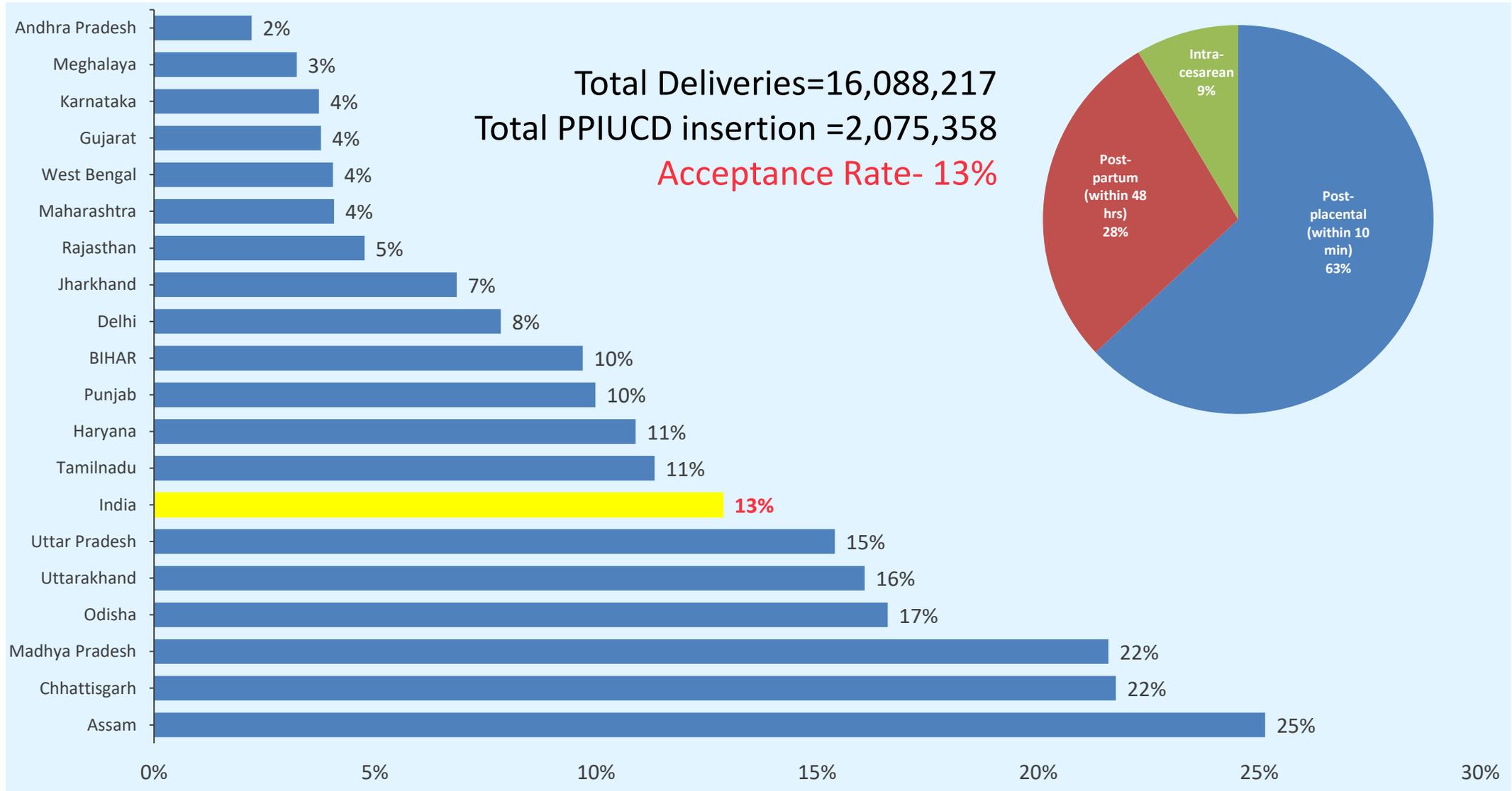
2,075,358
(Jhpiego)
[**8 million** (GoI) PPIUCD insertions cumulative]



Rapid scale up of PPIUCD Services: India (2010 to 2018)



Proportion of PPIUCD Acceptors among Institutional Deliveries (Jan' 2011 – Dec' 2018)



Source: PPIUCD Monthly reports
 *Till Dec 2018

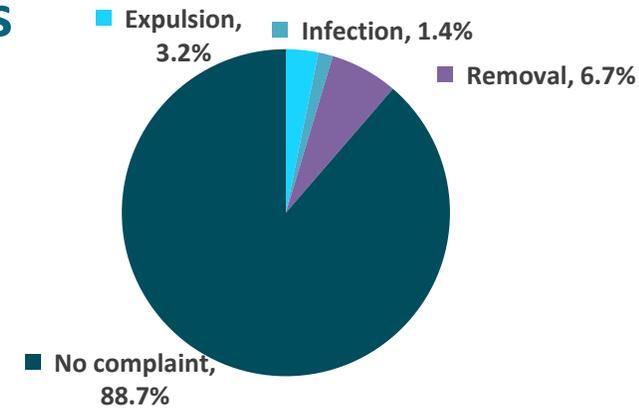
Post-insertion follow-up findings of PPIUCD clients

(Jan'2011 – Dec'2018)

Total PPIUCD insertion =2,075,358

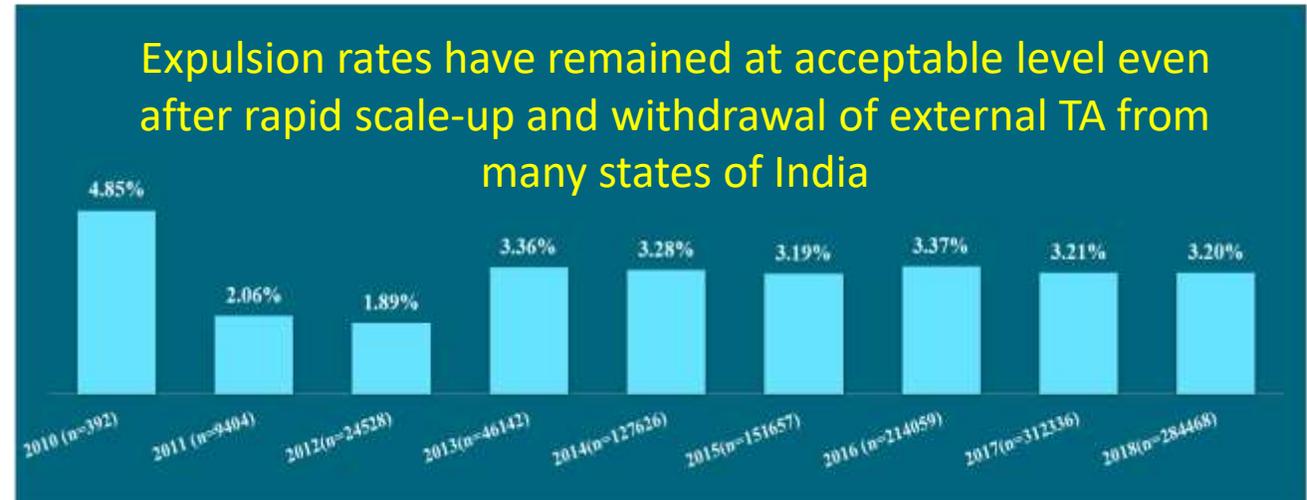
Total Follow up=1,171,541

Follow Up rate- 57%



Source: PPIUCD Monthly reports
*Till Dec 2018

- 89% PPIUCD clients have no reported complaints
- Expulsion and infection depend on providers competency (insertion-technique and aseptic measures during insertion)
- Removal needs further exploration to understand reasons



Continuation at 1 year of insertion: Findings from Jhpiego's study at 12 district hospitals across 6 high focus states of India

(Published in Contraception, Vol. 99, Issue 4, p212 – 216. Published online: April, 2019)

- 62.8% PPIUCD clients were continuing the method at 1 year follow up.
- Removal and expulsion rates at 1 year were 29.7% and 7.5%, respectively

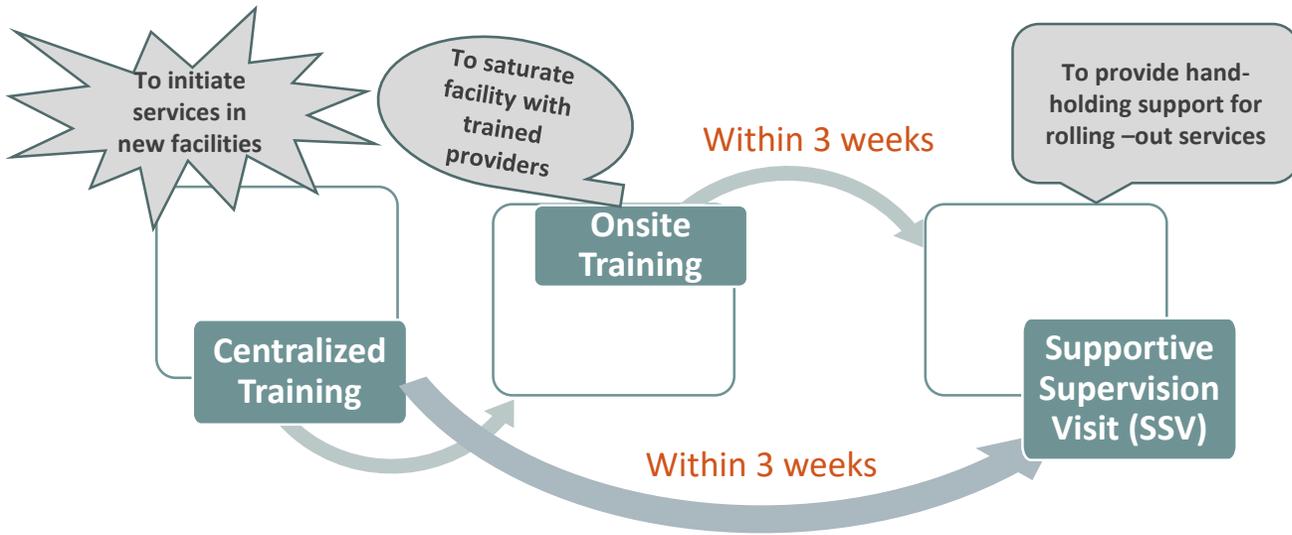
Key programmatic interventions in system based approach to ensure quality of PPIUCD services



1. **Building Competency of Providers**
2. **Use of performance standards**
3. **Strengthening of counselling**
4. **Analysis of data and follow-up findings**



1. Building competency of providers



- Providers performed insertions on model; and supervised insertion in clients during training
- Post-training SSVs to work-sites conducted by program staff
- Objectively Structured Clinical Examination (OSCE) of clinical skills of providers in training and SSVs

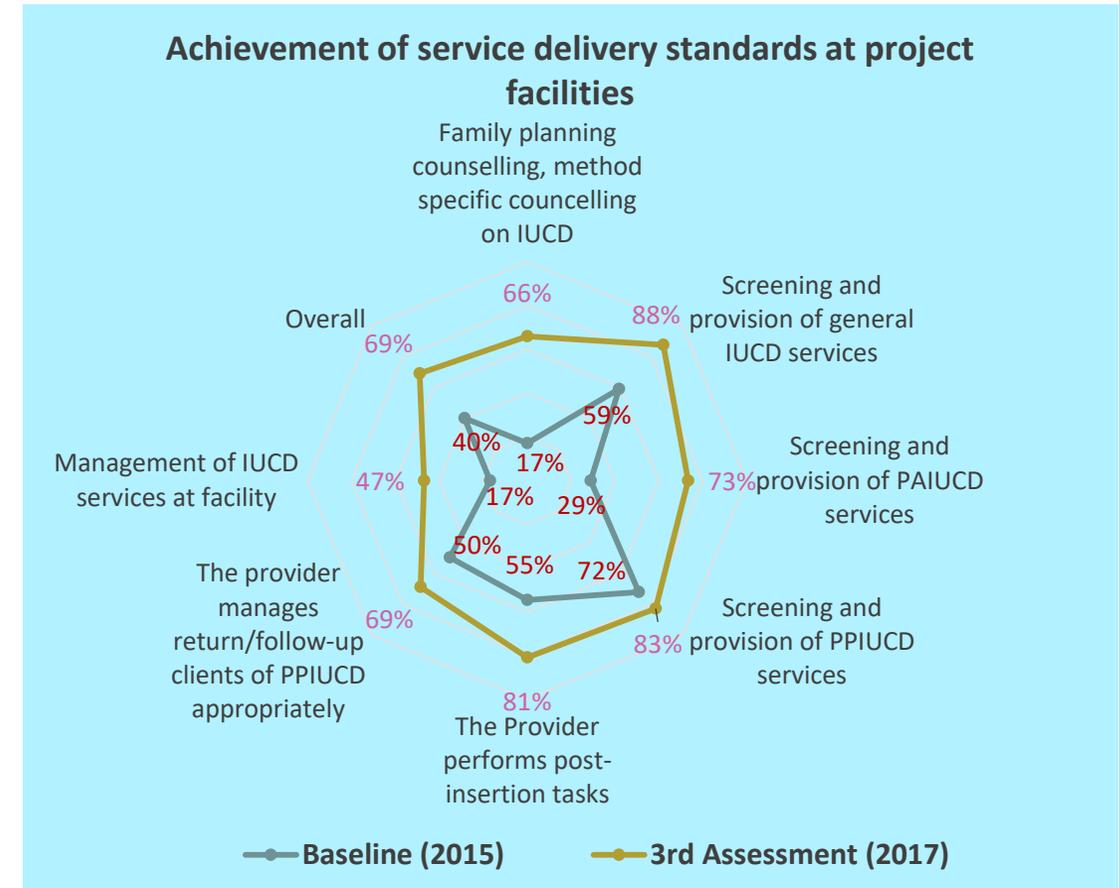
• **Total Number of Govt. Providers Trained (2010-2018): 5,184 Doctors & 15,146 Nurses Trained**

• **Training sites established: 83 (for centralized training)**

• **Average no. of post-training SSVs per facility/per year: 3-7 SSVs**

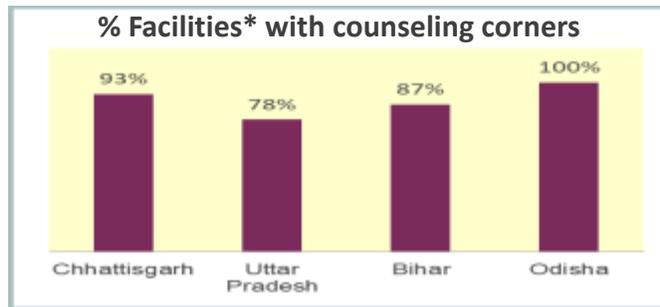
2. Use of performance standards

- **Minimum Performance standards: Set by stakeholders, implemented at facilities and assessed quarterly**
 - 15 Standards for service delivery sites; Additional 13 standards for training sites



3. Strengthening of counselling

- Dedicated counsellors (in high delivery load facilities)
- Training and job-aids for counsellors and nursing staff
- Establishment of counseling corner with IEC posters on the wall, at the facilities

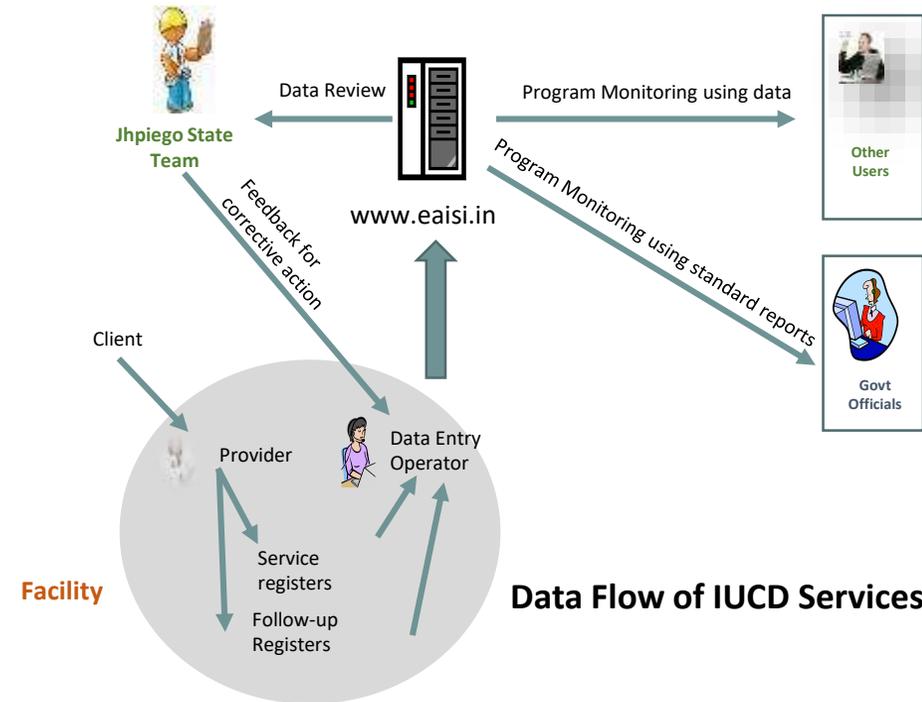


*sub-district level facilities



- Routing of ANC clients through counselling corner: client's choice of FP method for PFP, is marked on ANC card

4. Data management & analysis of clients' follow-up findings



- Instituted follow-up of clients and data-analysis
- Follow-up findings provided constructive feedback for quality
 - Expulsion and infection depend on providers competency on insertion and infection prevention
 - Provider-wise tracking for identifying gaps and planning required support

Challenges that remain to be addressed

- **Preventing unnecessary removals** by strengthening counselling on side-effects and management
- **Sustaining post-insertion client follow up** after withdrawal of TA
- **Establishing system of supportive supervision** within govt health system

Program implications & lessons

- **System based approach with focused interventions during rapid scale-up** led to significant number of PPIUCD acceptors, low expulsion and premature removals; and low adverse events of infection
- **Post-insertion follow-up, data-analysis and findings are important** for constructive feedback on quality of PPIUCD services

Key messages

- India's experience is an evidence that **integration of FP services with maternal health can increase uptake of long acting reversible contraceptive**
- **Instituted quality PPIUCD services at public health facilities opens opportunities for adding newer methods** as postpartum family planning options for women



Michael Mwiti, Jhpiego Kenya

Michael Mwiti works with Jhpiego Kenya as a Senior Technical Officer in the PostPregnancy Family Planning Project. He is responsible for providing technical guidance in the implementation of PFP choices project in Jhpiego Kenya. He holds a Bachelor of Science in Nursing and currently pursuing a Master's of Science in public health. He has over 10 years' experience in implementing reproductive health programs working with international and local implementing organizations, Ministry of health, private health care service providers and the community. Michael previously worked with the Tupange project, part of the Urban Reproductive Health Initiative to strengthen family planning services in Kenya.



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Feasibility of immediate post-pregnancy FP provision in the context of a broad method mix: Lessons from Kenya

Presenter:

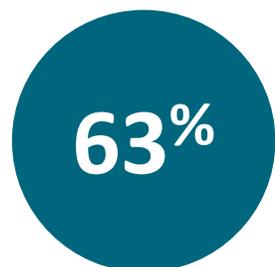
Michael Mwiti, Jhpiego Kenya

25th September 2019



Background: Why iPPFP now?

- Post-pregnancy Family Planning (PPFP) protects and empowers post pregnant women
- The two components of PPFPP
 - › Post-partum FP use
 - › Post-loss-of-pregnancy FP use
- Need for post-partum FP in Kenya



of women have an **unmet need** for FP



of births occur at **less than 24 months** after previous childbirth



19% of women **begin FP within 6 months** post partum
(Moore, Z. (2013))

- Release and country adoption of guidelines may not necessarily translate to change in service delivery practices

Background: PFP Choices Study

Study period: 3 Years

Implementing countries: Kenya and Indonesia

Study design: Quasi-experimental design with an intervention and control

Number of health facilities: 23 per arm per country (16 public, 7 Private)

Research Question:

What are the key determinants at service delivery, provider level and client level that influence the uptake of post pregnancy family planning in the public and private health care sectors in Indonesia and Kenya?

Goal:

Generate actionable evidence to be used to improve programmatic activities to address post-pregnancy family planning in the public and private-for-profit sectors.



Is it feasible to provide immediate PFP in the context of an expanded method mix?

Data Source:

Service statistics data from 23 facilities between November 2017 to June 2019



7 tested strategies for scaling up iPPFP

7. ENSURING IPPFP TAKES ROOT

- It takes effort to introduce a new service
- Leadership Development program
- Facility quality improvement teams

6. SERVICE REORGANIZATION

- Identify iPPFP Champions
- Create space for provision
- Equip the service delivery points
- Provide and manage commodities
- Integrate iPPFP with other services

5. IPPFP COUNSELING

- General FP counseling is not iPPFP counseling
- iPPFP counseling Flipchart
- Audio messages supplement counseling
- Counseling during ANC and immediate postpartum

4. COMMODITY AVAILABILITY

- Refresher on commodity management
- Monitor availability at end user
- Accurate and timely reporting

1. PROVIDER CAPACITY

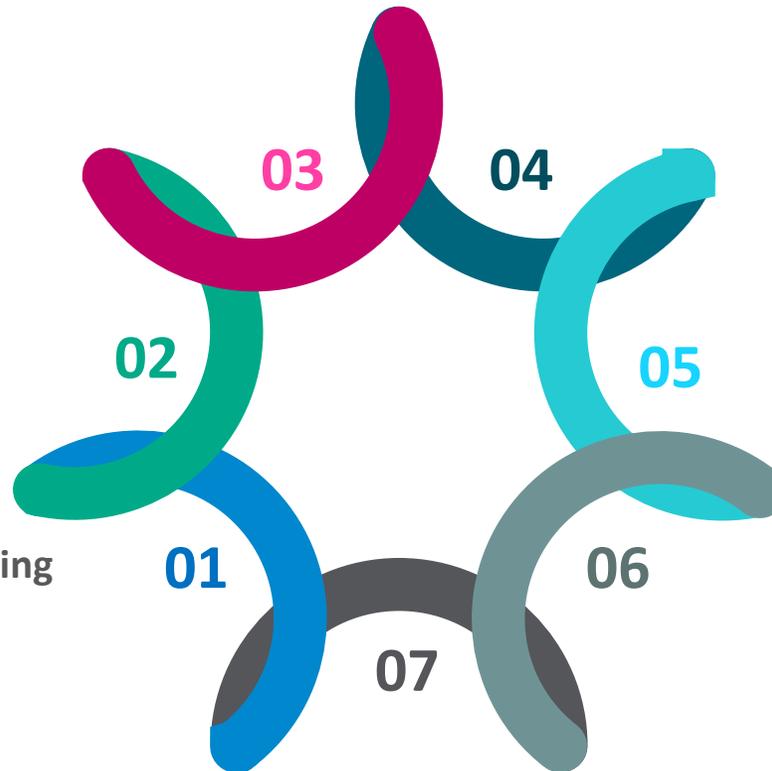
- Include PPFP in national curriculum
- Whole site orientation
- Clinical training
- Equip the facility
- Train a critical mass
- Ensure skill retention
- For PPIUCD, focus on few interested

2. DEMAND GENERATION

- Local media
- Update and engage CHVs
- Posters
- Audio/Video messages

3. DATA MANAGEMENT

- Advocate for iPPFP in the HMIS
- Stamping of the registers
- Supplementary monthly summary tool
- Data for decision making



Pictorial Summary

FP timing in FP register

Post Partum/abortion Family Planning (af)

1= PFP at PNC < 48hrs

2= PFP at PNC 3days-6weeks

3= Post Abortion FP

4= Not applicable

PPFP Counseling Flipchart



PPFP Posters



Media engagement



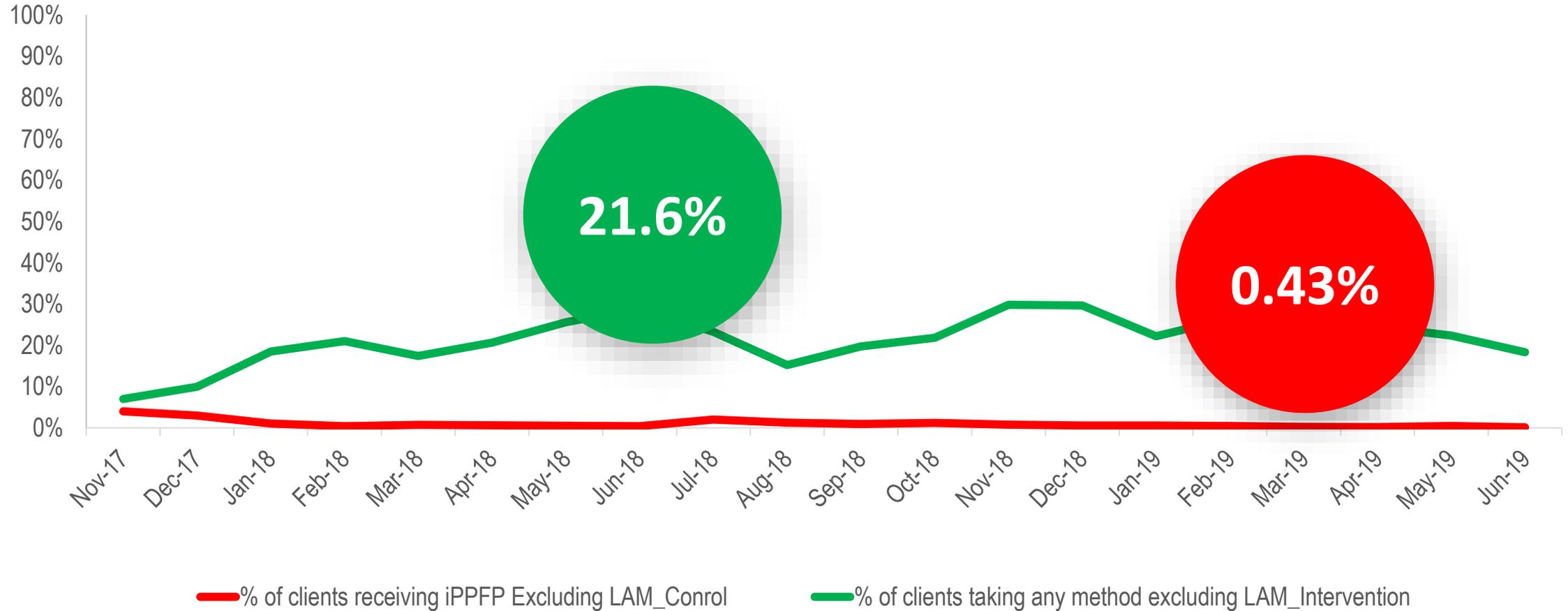
Audio messages



Did you know that you can take up family planning immediately after delivery? Talk to your provider about your options



Percentage of postpartum women taking up any iPPFP excluding LAM



Source: Service statistics data Nov 2017 to Dec 2018

Number of clients taking up any iPPFP in 23 facilities in the intervention county (Nov 2017-Jun 2019)

IUCDs



IMPLANTS



POPs



BTL



LAM



Percentage uptake of iPPFP Ex. LAM in the private sector

INTERVENTION

(Jan '18 – June 2019)



CONTROL

(Jan '18 – June 2019)



Private Sector Intervention Package

- Public sector intervention
- Business management skills
- Improve collaboration with the public sector
- Empanelment with National Insurance



Acknowledgement





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Riaz Mobaracaly, Pathfinder International, Mozambique

Riaz is the Country Director for Pathfinder International-Mozambique where he leads a broad portfolio including integrated family planning projects. Dr. Mobaracaly is the co-chair of the National FP Technical Working Group where he helped to develop the national family planning integration guidelines. Prior to joining Pathfinder, Dr. Mobaracaly worked extensively with the Mozambican Ministry of Health at levels including roles as district and provincial health director. Dr. Mobaracaly holds a BS in Medicine from Eduardo Mondlane University and a certificate in epidemiology from Johns Hopkins University.



HIP

**FAMILY
PLANNING
HIGH IMPACT
PRACTICES**



IBP Initiative

Scaling up what works in family planning/reproductive health

FP FAMILY PLANNING
2020



Planeamento Familiar.

Ana Nepeta

**“Toda mulher
deve sair desta
Maternidade
com oferta de
métodos de**

Immediate Postpartum Family Planning Mozambique



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Sexual and reproductive health
without fear or boundary

Dr. Mahomed Riaz Mobaracaly

September, 25th

OUTLINE

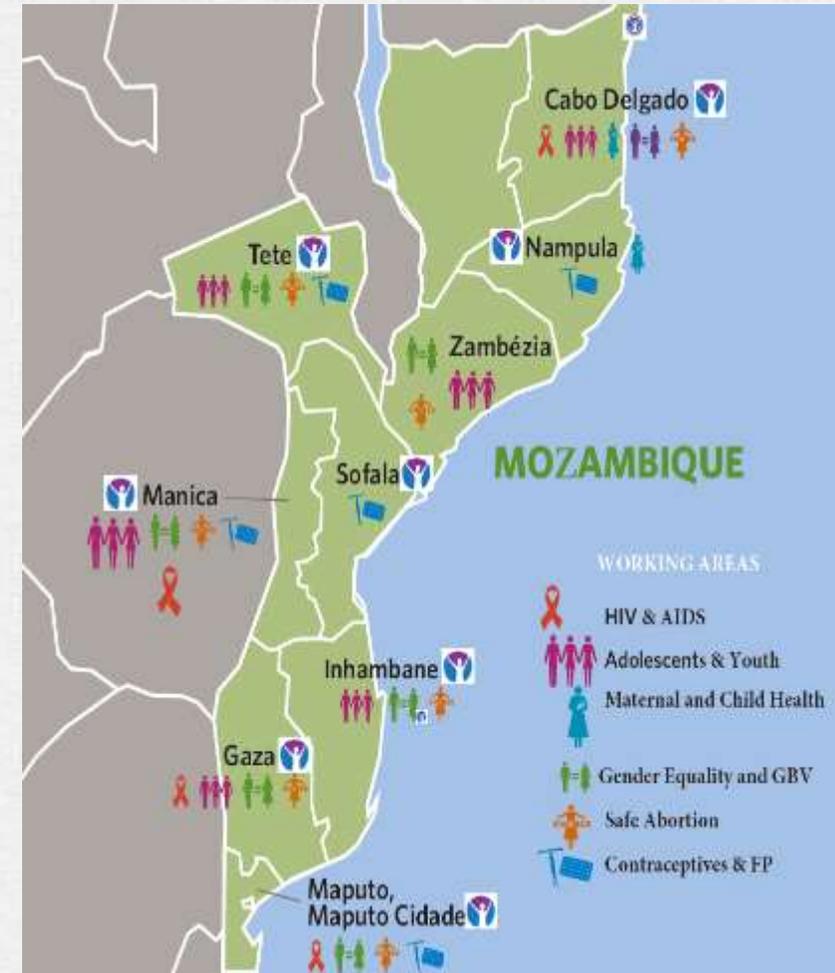
- Mozambique context
- Brief overview of the National FP Integration Guidelines
- Sharing Pathfinder's PFP approach & experience
 - Demand
 - Supply side
- Some results
- PFP reflections



MOZAMBIQUE CONTEXT

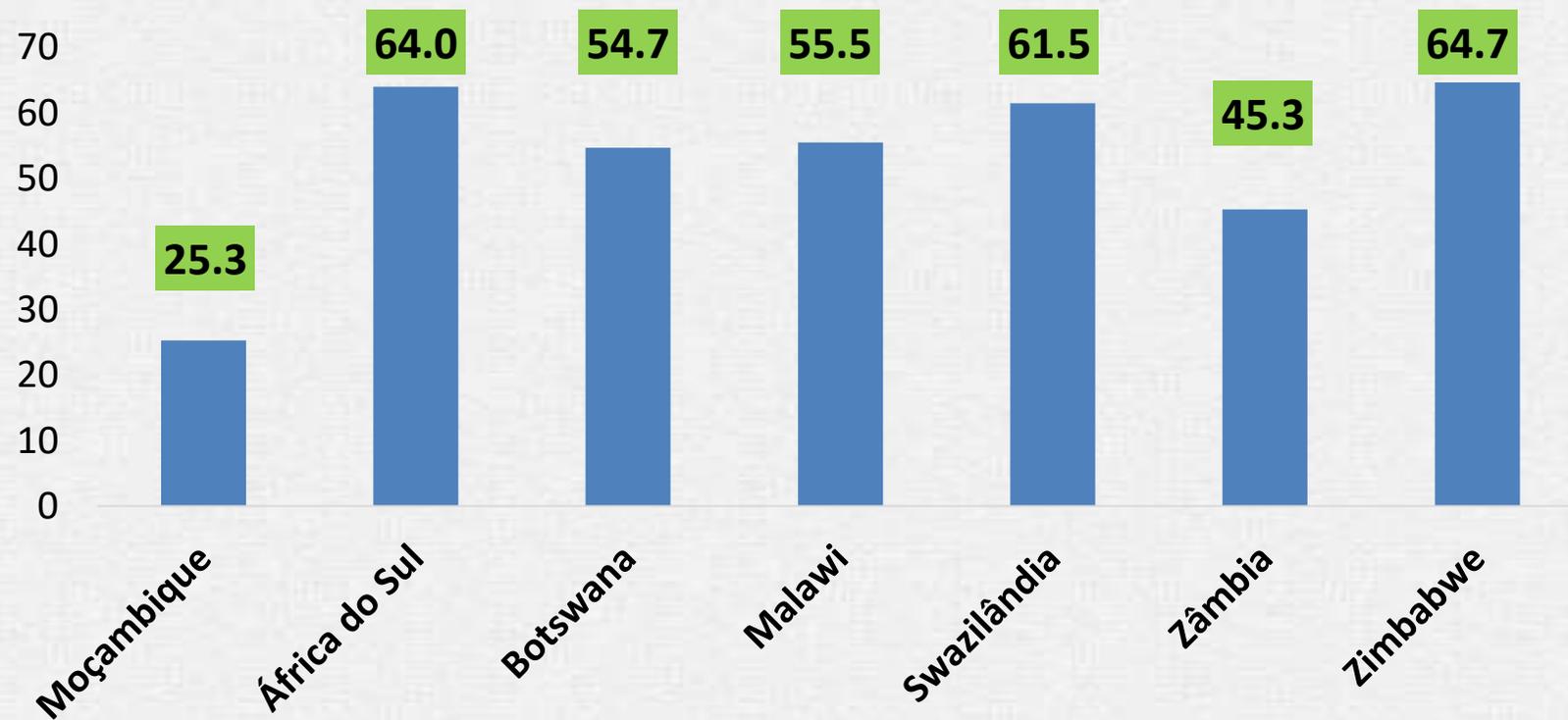
- **Population:** 28.9 million (Census 2017)
 - Urban population: 32%
 - Population ages 10-24 years: 33%
- **TFR:** 5.3 births per woman
 - (3.6 urban)
- **MMR:** 408 per 100,000 live births
 - Due to unsafe abortion - 11%
- **mCPR:** 25.3%
 - Unmet need for FP: 23.1%

**Source: IMASIDA, 2015*



MOZAMBIQUE FP IN THE REGION

One of The Lowest Contraceptive Prevalence Rate in Southern Africa



Fonte: Global Report, 2015



MOZAMBIQUE FP INTEGRATION GUIDELINES

Work of multiple projects and organizations which provided body of evidence to MoH **and** created an enabling environment by highlighting opportunities.

MCHIP (JHPIEGO & JSI): Post-partum systematic screening tools 2013-14

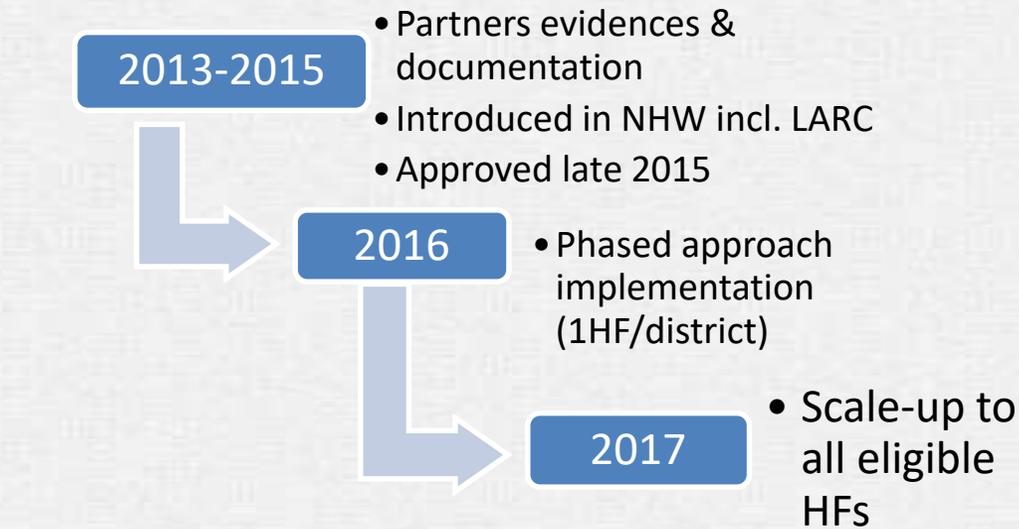
- Facility-based systematic screening tool studied
- Increased uptake of FP method by mothers coming to facility with child for immunization and post-natal care
- Introducing postpartum FP services did not have negative effects on the uptake of immunization or postnatal care services

SCIP & EDS/FPI (Pathfinder): Integrated service delivery

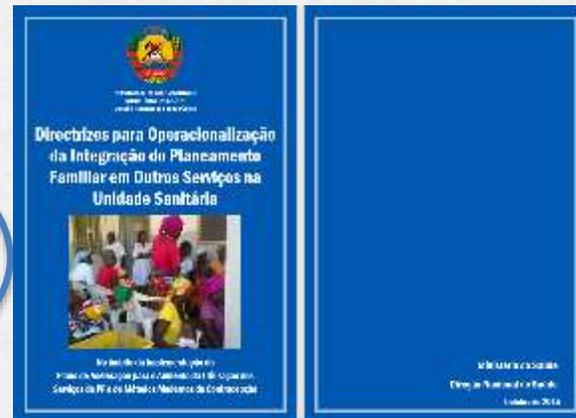
- Community-based outreach services
- Supported integrated service delivery of FP and Immunization in the community during national health weeks and routine mobile brigades
- Facilitated and tested FP Integration within the HIV-C&T consultations (Gaza, Nampula, Inhambane, Cabo Delgado)



MOZAMBIQUE FP INTEGRATION GUIDELINES



- *30 pages guideline document*
- *8 page circular*



Contents

- Rationale, goals and objectives
- Resource & training recommendations
- Logistical considerations
- Service/referral flowcharts, and data flow recommendations
- Documentation, Monitoring and Evaluation specifications
- Responsibility, Coordination and Role of Partners
- Workplan and Implementation Schedule



Livro de Registos da Maternidade - MOD SIS-B03

Complicações Indirectas						MORTE MATERNA		Conduta/Procedimentos									
Indirectas <small>(Marque X em todas as complicações que a mulher apresentou. Em relação à morte materna marque um X na Coluna da Morte Materna se esta ocorreu e escreva a CAUSA básica que motivou a morte)</small>						MORTE MATERNA	CAUSA BÁSICA da MORTE MATERNA	Antibióticos Parenterais/Endovenosos	Oxítócos Parenterais (EV ou IM) para tratamento da Hemorragia Pós-Parto	Anti-Hipertensivo	Sulfato de magnésio	Aspiração Intra-Uterina	Transfusão de sangue	Histerectomia obstétrica	Fez uma DOSE de TIP Malária: ≥4ª DOSE	Planeamento Familiar	
Complicações Obstétricas Indirectas																DIU no PP Imediato	Outro
Malária	Anemia	HIV/SIDA	Tuberculose	Intoxicação por medicamento tradicional	Outras complicações												
43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60



PATHFINDER'S PFPF APPROACH & EXPERIENCE (1)

Phased implementation approach

- National health system engagement
- Assessment
- Training
- Mentoring
- Provision of commodities, medical equipment, and supplies
- Renovations



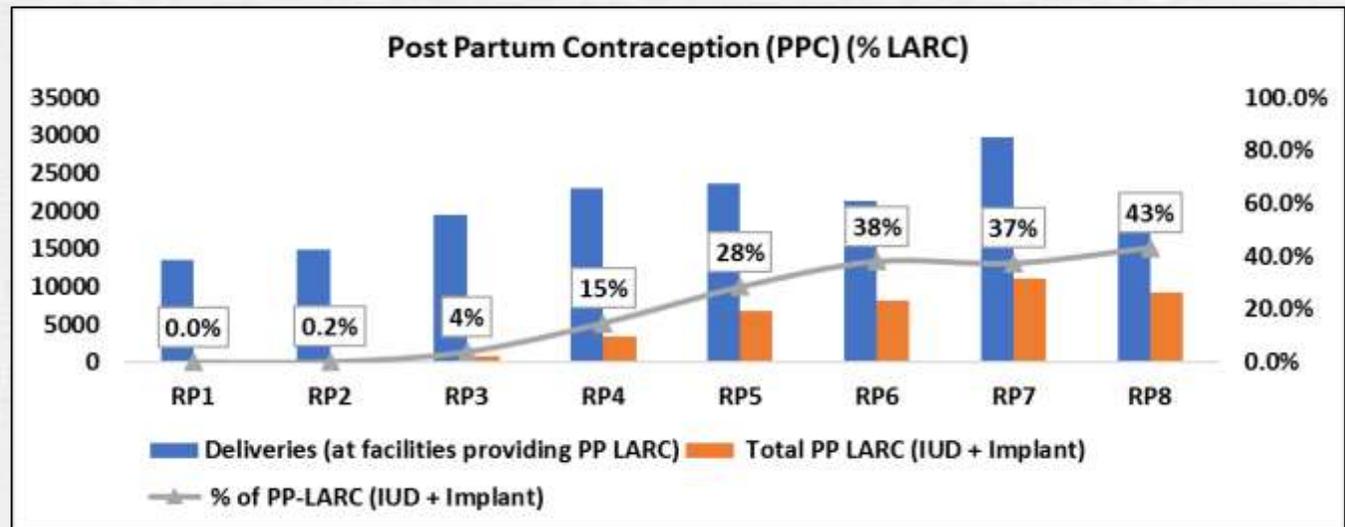
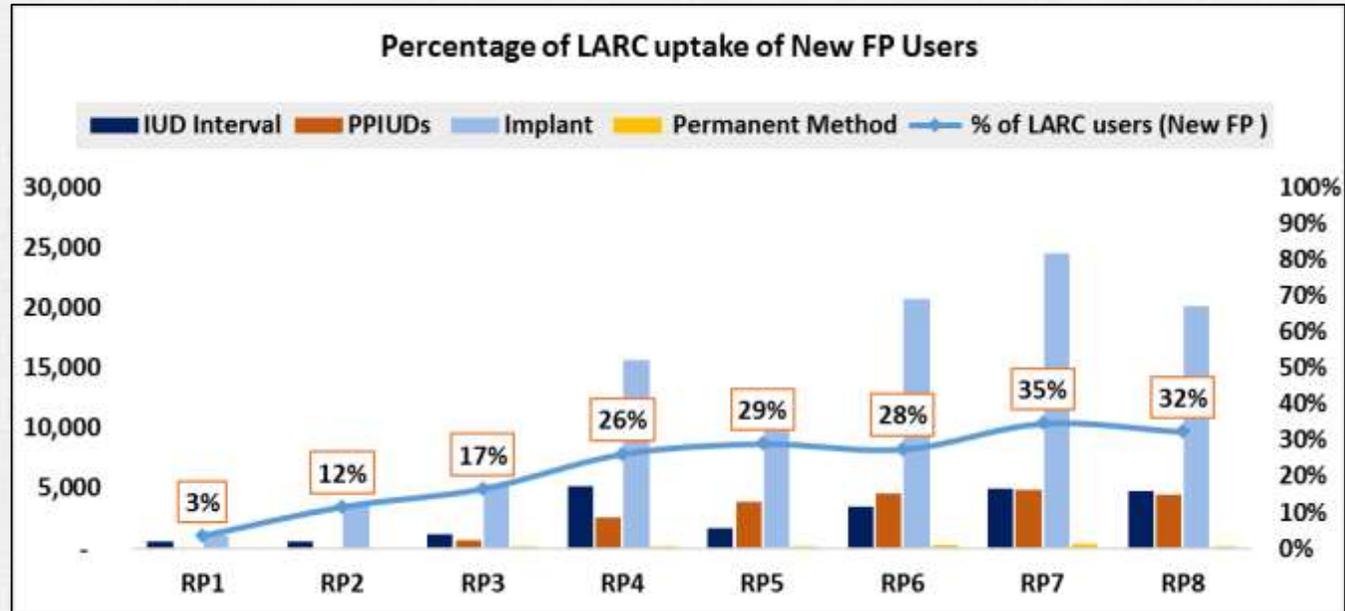
PATHFINDER'S PFP APPROACH & EXPERIENCE (2)

Support national implementation in urban & rural areas of 6 provinces;

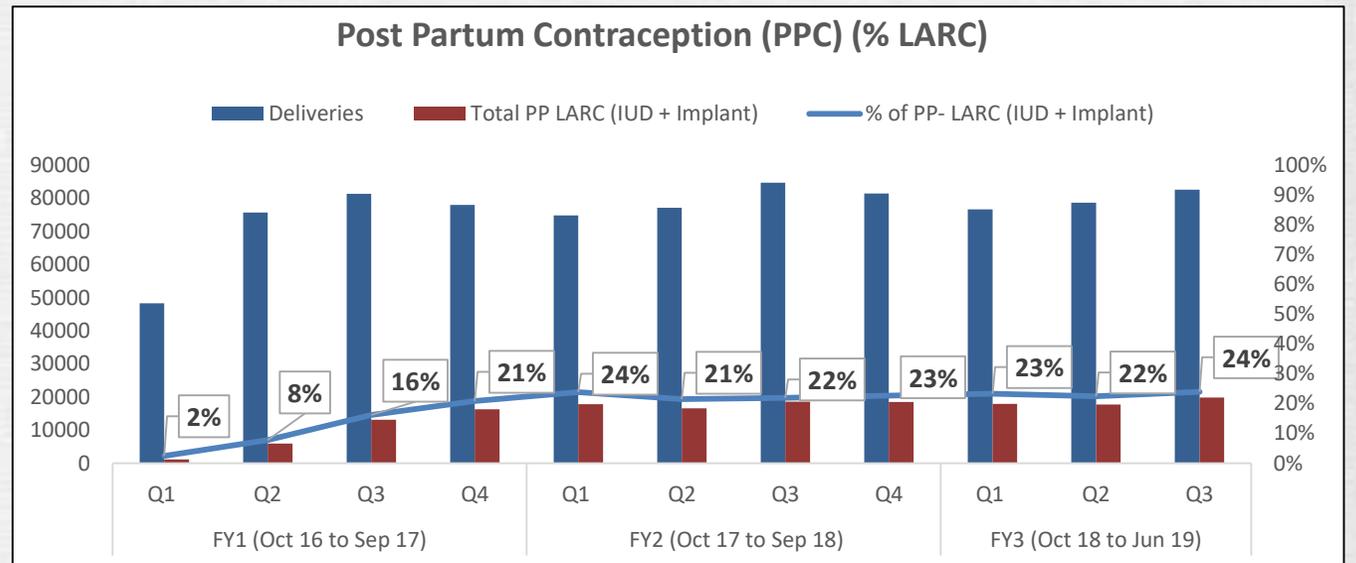
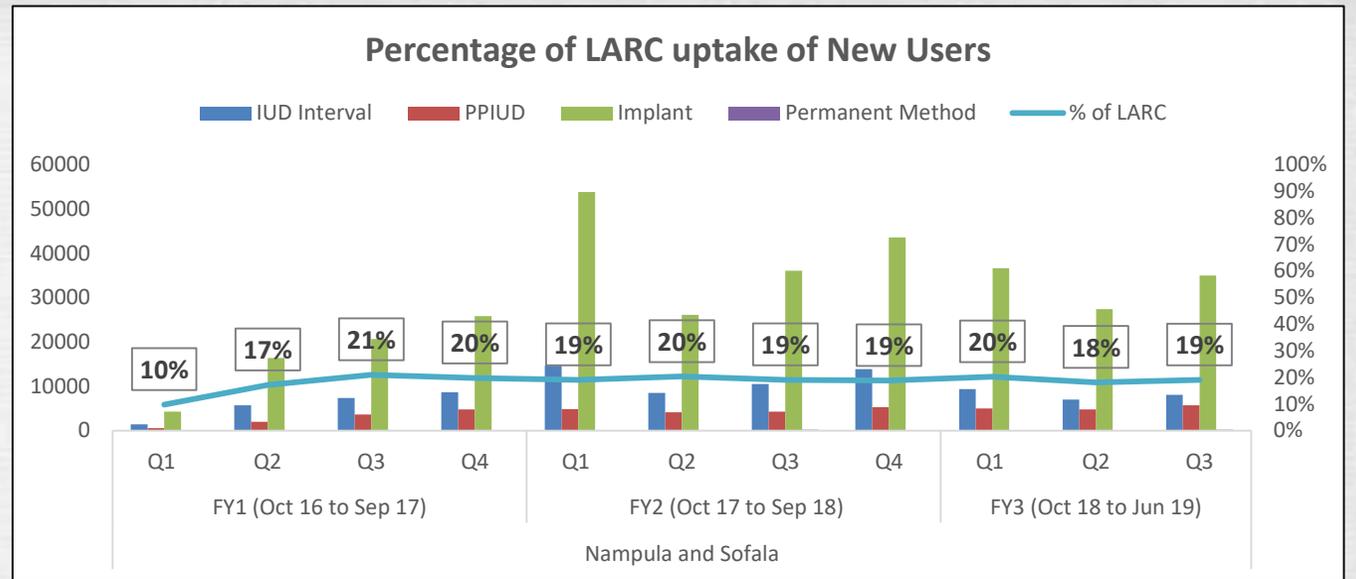
- Technical updates & review meetings
- Commodities assurance
- Train & mentorship for HF staff/CHW
- Demand generation through community activities
- Collaborate w/other partners
- Two approaches for integrating the service:
 - ✓ health provider trained, providing FP services
 - ✓ CHW trained, providing proper counseling and referrals



SOME RESULTS (MAIS PROJECT JAN 2015 – FEB 2019)



SOME RESULTS (MAIS PROJECT JAN 2015 – FEB 2019)



PPFP REFLECTIONS

1. Hospital managers **accountability** in the process of **maintenance** and **sustainability** of these services within the hospitals
2. **Access** to information and opportunities on PF (providers and users)
3. Providers **competencies**
4. Providers **attitude** and initiative
5. Long-term **contraceptive** methods **management**
6. Elective BTL: **referral mechanisms** and access to service
7. **Data** registration, collection and analysis





Thank you



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Questions & Answers

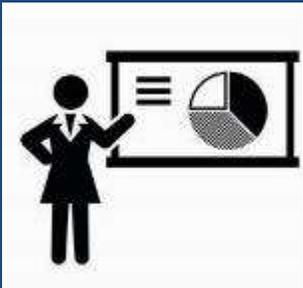


Before we close:



Recording available here:

<https://www.fphighimpactpractices.org/immediate-postpartum-family-planning-a-key-component-of-childbirth-care-webinar/>



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For more information, please visit:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU

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